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RE Office Action Response and IDS Submission  
10/696,153

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### COVER MESSAGE

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Enclosed herewith:

Fee Transmittal (in duplicate, with authorization to  
charge deposit  
account)

Response to Office Action  
Information Disclosure Statement  
Form -1449  
Non-patent references cited in PTO 1449

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contact:

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006, OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEET TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$230.00)**Complete If Known**

Application Number	10/696,153
Filing Date	10/28/2003
First Named Inventor	Eric M. Lunsford
Examiner Name	Paul R. Meyers
Art Unit	2112
Attorney Docket No.	PALM 0933

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number 501914 Deposit Account Name: Shemwell Gregory & Courtney

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

Under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Small Entity
				Fee (\$)	Fee Paid (\$)		
21	- 20 or HP = 1	x 50	= 50			50	25
	HP = highest number of total claims paid for, if greater than 20					200	100
Indep. Claims	3	- 3 or HP = 0	x 0	= 0		360	180
	HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

Fee Paid (\$)

180

**SUBMITTED BY**

Signature	<i>Barbara B. Courtney</i>	Registration No. 42,442 (Attorney/Agent)	Telephone 408-236-6647
Name (Print/Type)	Barbara B. Courtney		Date DECEMBER 20, 2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 50.00)

### Complete If Known

Application Number	10/696,153
Filing Date	10/28/2003
First Named Inventor	Eric M. Lunsford
Examiner Name	Paul R. Meyers
Art Unit	2112
Attorney Docket No.	PALM 0933

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Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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### FEE CALCULATION

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Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$) Small Entity

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
21	- 20 or HP = 1	x 50	= 50			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 0	x 0	= 0

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

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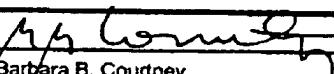
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	= _____

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

### SUBMITTED BY

Signature		Registration No. 42,442 (Attorney/Agent)	Telephone 408-236-6847
Name (Print/Type)	Barbara B. Courtney		Date DECEMBER 20, 2004

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